

Longmont Recreation Services
2016 SCHOLARSHIP FORM

For Youth Ages: Birth – 17 and Living within the City Limits of Longmont

The City of Longmont Recreation Services Scholarship Program was formed to foster and encourage the advancement of recreation opportunities in Longmont. The "Recreation Opportunity Scholarship Program" was created in 1999 to provide financial assistance opportunities for those Longmont families whom without the financial assistance would be unable to attend eligible activities or programs.

Activities/ Programs ELIGIBLE for Scholarships:

- Quarterly Pass
- Group Swim Lessons and Private Lessons
- Athletics and CARA Programs (*Excludes - Skyhawks Programs & All Contracted Classes*)
- Pre-School Classes (*Excludes All Contracted Classes*), Youth Hockey, Day Camps
(*excluding extra fees for events, movies, museums, field trips etc*)
- Small Wonders Preschool Program (*is only valid for \$100 per school year, August – May; and you must speak with the Preschool Director prior to using scholarship for the preschool program. You cannot use two consecutive scholarships for the Small Wonders Preschool Program*)

Activities/Programs NOT ELIGIBLE For Scholarships:

- Daily Admissions to any Pools or Recreational Facilities
- 20 Visit Passes
- Contracted Programs – Dance, Tumbling, Art, Specialty Camps
(*Check with staff at time of registration for eligibility*)
- Classes requiring equipment, supplies and materials to participate
- Association Fees (i.e. Hockey)

Scholarship Contribution:

- Up to a maximum of \$100.00 per child, per calendar year (*January through December*).
Any money left over does not roll over to the next year.
- You must apply each year for a new scholarship & **2016 funds must be used by 12/12/2016.**
- Scholarships are granted on a funds available basis.
- Scholarships are not transferable to other family members.

Application Process:

Recreation Services has attempted to make the scholarship process simple:

- Attach a written letter of financial need to the scholarship form. The application must be signed & completely filled out by the parent/guardian.
**** In signing the application, the parent /guardian agrees to abide by ****
all of the facilities usage rules as they apply to youth.
- Fill out & return the request 2 weeks prior to registration for any program, class or activity.
Requests will be reviewed weekly and the applicants notified. Submittal of an application does not guarantee the applicant a scholarship grant and/or registration in a class or activity.

PARENT/GUARDIAN SIGNATURE _____ Date _____

Reminder:

- * Youth 11 and younger cannot be in a recreation facility without a parent or guardian
- * Youth younger than 6, using the swimming pools needs a parent or guardian in the water with them.

Remit to: City of Longmont, Recreation Services
Attn: Scholarship Administrator
310 Quail Road
Longmont, CO 80501

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List each child:

Applicant Name	Birth Date	Address	Phone No.	
_____	_____ <i>*Female</i> <input type="checkbox"/> <i>*Male</i> <input type="checkbox"/>	_____ _____ _____ _____	_____ _____	
****Classes/Pass applying for:				

Applicant Name	Birth Date	Address	Phone No.	
_____	_____ <i>*Female</i> <input type="checkbox"/> <i>*Male</i> <input type="checkbox"/>	_____ _____ _____ _____	_____ _____	
****Classes/Pass applying for:				

Applicant Name	Birth Date	Address	Phone No.	
_____	_____ <i>*Female</i> <input type="checkbox"/> <i>*Male</i> <input type="checkbox"/>	_____ _____ _____ _____	_____ _____	
****Classes/Pass applying for:				

Applicant Name	Birth Date	Address	Phone No.	
_____	_____ <i>*Female</i> <input type="checkbox"/> <i>*Male</i> <input type="checkbox"/>	_____ _____ _____ _____	_____ _____	
****Classes/Pass applying for:				

Parent & Guardian Information – MUST BE COMPLETED

Name _____	Home Ph: _____
Address _____	Alternate Ph: _____
City, State, Zip _____	Email: _____

SCHLR Funds Posted in RecTrac <input type="checkbox"/> By: _____ Date: _____	OFFICIAL USE ONLY Date Received by Staff: _____ Address Confirmation : _____ Confirmed with applicant: _____
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